

VOLUNTEER INFORMATION



NOTE: The information on this application is required for identification purposes only. Imagine It! The Children's Museum of Atlanta does not discriminate on the basis of sex, race, religion, age, handicap or national origin. All information is kept confidential and will not be sold or distributed.

PREFERRED CONTACT INFORMATION: (PLEASE PRINT ALL INFORMATION)

Full Name: _____ Are you over the age of 15?: _____

Personal Work: Phone _____ E-Mail _____

Residential Street Address _____

City & State _____ Zip _____

How Did You Hear About Our Volunteer Program? _____

Emergency Contact (name, relationship, and work/home phone numbers)

Previous Volunteer Experience:

Occupation _____

Which Of The Volunteer Jobs Below Would You Be Interested In Doing?

- Special Events and Fundraisers** (volunteer program is mostly event based)
 Work on the Museum Floor with Families Assist with data entry
 Help Build Membership Help with the Museum Store

Availability –

Monday Tuesday Wednesday Thursday Friday Saturday Sunday
_____ am to _____ pm

Have you ever been convicted of a felony? No Yes **If yes, please provide the details**

I certify that the information provided in this application is true and correct. I understand that this information may be disclosed to any party with legal and proper interest, and I release the agency from any liability whatsoever for supplying such information. I understand that I will not be paid or otherwise compensated for my services as a volunteer. I agree to abide by all museum policies: volunteer, personnel, safety and otherwise.

Signature: _____ Date: _____

Mail, fax or email this application to:
Imagine It! The Children's Museum of Atlanta
ATTN: Volunteer Coordinator
275 Centennial Olympic Park Drive
Atlanta, GA 30313
404-223-3675 (fax)
volunteers@imagineit-cma.org